#### OWNER-OCCUPIED HOUSING REHABILITATION PROGRAM

## CITY OF SAN ANTONIO PLANNING AND COMMUNITY DEVELOPMENT DEPARTMENT 1400 SOUTH FLORES SAN ANTONIO, TEXAS 78204

#### **Program Eligibility Requirements**

- 1. Must have valid picture identification (Texas Driver License or Department of Public Safety Picture Identification card).
- 2. Must be Owner-Occupied. (No Rental Units)
- 3. All taxes must be current and paid.
- 4. Must have Homestead Exemption and, (if applicable) Over 65, and Disabled Exemptions.
- 5. Must have a Warranty Deed with clear title to the property.
- 6. If home is mortgaged, balance must not exceed \$8,000.
- 7. Must have Acceptable Credit (no bankruptcy, judgments) or if no credit history has been established, a 12 month current payment history for utilities will be the standard with no more than one late payment in a year's time.
- 8. Must have current property insurance or be able to provide it within 30 days prior to assistance.
- 9. Must be U S Citizen and/or Legal Resident Alien.
- 10. Property must be within the city limits of San Antonio and property zoned residential.
- 11. Must not exceed the Program Income Limits (see below):

#### **PROGRAM INCOME LIMITS (6/1/2011)**

Family of	1	2	3	4	5	6	7	8
Annual Monthly	\$33,544 \$2,795	\$38,336 \$3,195	\$43,128 \$3,594	\$47,920 \$3,993	\$51,754 \$4,313	\$55,587 \$4,632	\$59,421 \$4,952	\$63,254 \$5,271
	(Income table based on 80% of HUD published median income for San Antonio)							

NOTE: All program assistance is provided in the form of a loan secured with a lien on the property

All applications are on a first come, first ready, first served basis. Funding is limited.

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Rev 10/1/08; 1/14/2010; 6/1/2011

#### Checklist for Owner-Occupied Housing Rehabilitation Program

ne follo	owing documents MUST accompany your application before it can be processed.
	Current Picture I.D. (Texas Driver's License or Texas Department of Public Safety I.D.)
	Application for Home Improvement Loan (completed and signed)
	Consent to Release Information (signed)
	If employed, Verification of Employment form must be signed and completed by the employer for all occupants in the household (that are employed)
	Copies of last (3) months pay stubs for all occupants in household who are receiving income
	If self-employed, provide complete copies of income tax returns for the past two (2) years
	If receiving social security, retirement benefits, child support or any other public assistance, provide a copy of the award letter from the supportive agency stating the current amount received
	If you have rental income, a notarized statement of the amount received monthly. Do you pay utilities? What is the location of your rental property? What is the mortgage balance and monthly payment? How much do you pay annually for taxes and insurance?
	If you are divorced, provide a copy of the divorce decree
	Copy of paid utility bills (gas, electricity, water) for the last two (2) months
	Copy of paid receipts for all real estate taxes (County, City and School)
	Copy of insurance policy on the home
	Copy of Warranty Deed and a copy of the recorded plat
	If there is an existing mortgage, provide verification of the outstanding balance

If you are unable to physically submit the application your representative must have a Power of Attorney to act in your behalf

Please call 207-5404 if you need assistance in completing the application. If you wish to speak to someone in person, please feel free to visit our office at 1400 South Flores (between Cevallos and S. Alamo). Office hours are Monday through Friday 7:45 a.m. to 4:30 p.m.

NOTE: A NON-REFUNDABLE FEE OF \$10.00 FOR EACH CREDIT REPORT AND \$55.00 FOR A TITLE SEARCH WILL BE CHARGED.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

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# City of San Antonio Planning and Community Development Department OWNER OCCUPIED HOUSING REHABILITATION FOR OFFICE USE ONLY

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						Census Tr	act:	
						SHTA/Area	a:	
DATE OF APPLICAT	ION					Precinct: _		
			•			Zoning:		
REFFERED BY			-			Council Di	strict:	
APPLICANT'S NAME	<u> </u>		DATE OF	BIRTH	SPOUSE		DATE OF BIRTH	
ADDRESS (Number,	Street, Zip)		I		HOME PHONE	NAME & PHON	IE NO. OF RELATIVE	
MARITAL STATUS (	Check One)				DEPENDENTS			
☐ Married	Divorced	l			No Ages			
Single	☐ Separate	ed			OTHER INDIVIDU	ALS IN HOUSEH	OLD:	
☐ Widowed	☐ Common	-Law			No. Age:	No Ages		
NAME AND ADDRES	SS OF EMPLOYE	ER .			NAME AND ADDRESS OF EMPLOYER			
POSITION OR TITLE	:		NO. OF YE	EARS	POSITION OR TIT	TLE	NO. OF YEARS	
SOCIAL SECURITY	NUMBER		WORK PI	HONE	SOCIAL SECURITY NUMBER WORK P		WORK PHONE	
TO	TAL GROSS MO	NITHI V INC	OME		MOB	TGAGE/HOUSE I	DAVMENTS	
SOURCE	APPLICANT			ΓAL			OF NOTEHOLDER	
Employment * Dividends/Interest Rental Social Security Retirement	\$ \$ \$ \$	\$ \$ \$ \$ \$	\$ \$ \$ \$ \$		- - - -			
VA, Civil Service	\$	\$	\$		-   -   Date of Purchase	е		
OTHER * *	\$	<u> </u>	<u> </u>		Balance of Morto	gage <u>\$</u>		
TOTAL INCOME	\$	<u>\$</u>	<u> </u>		Total Monthly Pa	ayment \$		
* If you have been of previous employer(		ur current p	osition for I	ess than t	wo years, please pr	ovide the name	and address of your	
* * Describe "Other"	" income and p	rovide the r	ecipient's n	ame, the	source of the money	, and the month	nly amount received.	

NOTICE: "OTHER" INCOME: includes alimony, child support, or separate maintenance.

LIST ALL CREDIT/CHARGE ACCOUNTS AND MONTHLY EXPENSES.						
CREDITORS	BALANCE	E ARE PAYMENTS CURRENT?				
Property Taxes \$					\$	
Home Insurance \$				_ Auto Insurance	\$	
Utilities \$	_ Tuition/Books			_ Gas/Bus Fare	\$	
Groceries \$	Medical Bills	\$		_ Health Insuranc	e \$	
Real Estate – other than on the proper payments). If you receive <b>rental inc</b>						
Checking Account - Bank Name:			Balance	\$	Annual Interest	\$
Savings Account - Bank Name:			Balance	\$	Annual Interest	\$
Are there any members of your house	ehold handicappe	d or disabled?	YES [	□ NO □		
Name of disabled person:						
		Nature of Disa				
VOLUNTARY INFORMATION FOR GOVERNMENT MONITORING PURPOSES: The information concerning Minority Group Category is requested for statistical purposes so the Agency may determine the degree to which its programs are being utilized by Minority Families and has no bearing on the acceptance of this application. IF SUCH INFORMATION IS NOT PROVIDED, THE AGENCY IS REQUIRED TO NOTE RACE/NATIONAL ORIGIN AND SEX ON THE BASIS OF SIGHT AND/OR SURNAME.						
RACE: WHITE  AFRICAN AN	MERICAN 🗌 H	HISPANIC	AMERIC	AN INDIAN 🗌	ORIENTAL	OTHER
SEX: MALE   FEMALE						
ARE YOU A U.S. CITIZEN?  YES NO ARE YOU A PERMANENT RESIDENT ALIEN? YES NO						
APPLICANT'S CERTIFICATIONS  The applicant (whether one or more) certifies that all information in the application and all information furnished in support of this application, is given for the purpose of obtaining a loan under the CDBG or HOME Program and is true and complete to the best of the applicant's knowledge and belief. The applicant additionally certifies that the applicant is the OWNER AND OCCUPANT of the property to be repaired."						
APPLICANT'S SIGNATURE DATE						
APPLICANT'S SIGNATURE  PENALTY FOR FALSE OR FRAUDULENT STATEMENT. USC Title 18, Sec. 1001, provides; "Whomever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statement or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both.						
DUE TO LIMITED ELINDING AS	CICTANCE IC I	IMITED TO	ONE TIME	IE VOLLUAVE	DDEVIOUSI V E	ECEIVED

DUE TO LIMITED FUNDING, ASSISTANCE IS LIMITED TO ONE TIME. IF YOU HAVE PREVIOUSLY RECEIVED ASSISTANCE THROUGH THIS AGENCY, YOU ARE NOT ELIGIBLE TO PARTICIPATE IN THE PROGRAM.

#### **CONSENT TO RELEASE INFORMATION**

I hereby authorize the release of information from your records to the City of San Antonio Planning & Community Development Department (PCD). This authorization is made in connection with an application that has been made for assistance in repairing my home.

Your prompt reply containing the required	information will be appreciated.
Sincerely,	
Signature of Applicant	Social Security Number
olghature of Applicant	Social Security Number
Signature of Applicant	Social Security Number
Applicant's Home Address	

#### LIST ALL OTHER RESIDENTS AND THEIR INCOMES BELOW

(If more room is needed, please continue on back.)

Name of Resident	Age:
Relationship to Applicant	
How long has this person lived with you?person will move within the next year?	_ If less than 12 months do you anticipate that this
Resident Social Security number:	<del></del>
Monthly Gross Income \$	_
Employer's Name and Address:	
Type of Public Assistance: (Social Security, AFDC, CSA	
Name of Resident	Age:
Relationship to Applicant	
How long has this person lived with you?person will move within the next year?	_ If less than 12 months do you anticipate that this
Resident Social Security number:	<del></del> _
Monthly Gross Income \$	<del>-</del>
Employer's Name and Address:	
Type of Public Assistance: (Social Security, AFDC, CSA	-
Name of Resident	Age:
Relationship to Applicant	
How long has this person lived with you?person will move within the next year?	_ If less than 12 months do you anticipate that this
Resident Social Security number:	
Monthly Gross Income \$	-
Employer's Name and Address:	
Type of Public Assistance: (Social Security, AFDC, CSA	· · · · · ·

### REQUEST FOR VERIFICATION OF EMPLOYMENT

#### DATE OF THIS REQUEST \_\_\_\_\_

APPLICANT'S NAME, ADDRESS, ZIP CODE	EMPLOYER'S NAME, ADDRESS, ZIP CODE			
AUTHORIZATION BY APPLICANT  I authorize my employer to furnish the data regarding my employment as requested below.  Signature  Social Security No  Date	NOTE TO EMPLOYER  The applicant identified has applied for a home improvement loan. The applicant has authorized PCD to obtain verification from any source named in the application. Your verification of employment is for the confidential use of this Department. Please furnish the data requested and return this form, using the self-addressed envelope provided.			
EMPLOYER'S	VERIFICATION			
Position held	Rate of Pay (if employ indicate the average h		40 hours per week, please	
Dates of Employment	Hourly F	Irs. Per Week	Annual	
FROM TO	\$		\$	
Probability of continued employment	Additional Compensation (Actual amounts received past 12 months)			
REMARKS	Overtime \$			
	Commissions	\$		
	Bonus	\$		
	If applicant is in milit basis as follows:	ary service, provid	le income on monthly	
	Base Pay	\$		
	Quarters and Subsis	tence \$		
	Flight/Hazard Duty Page 1	ay \$		
Signature of Employer	RETURN TO:  CITY OF SAN ANTONIO  PLANNING AND COMMUNITY DEVELOPMENT  DEPARTMENT  1400 SOUTH FLORES #2  SAN ANTONIO, TEXAS 78204			
The above information is furnished in strict confidence, in response to your request.				
Signature	ATTENTION: Owner Occupied Housing Rehabilitation Program			
Title				
Date				

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## **REQUEST FOR VERIFICATION OF EMPLOYMENT**

#### DATE OF THIS REQUEST \_\_\_\_\_

APPLICANT'S NAME, ADDRESS, ZIP CODE	EMPLOYER'S NAME, ADDRESS, ZIP CODE			
AUTHORIZATION BY APPLICANT  I authorize my employer to furnish the data regarding my employment as requested below.  Signature  Social Security No  Date	NOTE TO EMPLOYER  The applicant identified has applied for a home improvement loan. The applicant has authorized PCD to obtain verification from any source named in the application. Your verification of employment is for the confidential use of this Department. Please furnish the data requested and return this form, using the self-addressed envelope provided.			
EMPLOYER'S	VERIFICATION			
Position held	Rate of Pay (if employ indicate the average h		40 hours per week, please	
Dates of Employment FROM TO	Hourly F	Irs. Per Week	Annual \$	
Probability of continued employment	Additional Compensation (Actual amounts received past 12 months)			
REMARKS	Overtime \$			
	Commissions  Bonus	\$		
	If applicant is in milit basis as follows:	ary service, provic	le income on monthly	
	Base Pay	*		
	Quarters and Subsis	·		
Signature of Employer	RETURN TO:		FONIO	
The above information is furnished in strict confidence, in response to your request.	CITY OF SAN ANTONIO PLANNING AND COMMUNITY DEVELOPMENT DEPARTMENT 1400 SOUTH FLORES #2 SAN ANTONIO, TEXAS 78204			
Signature	ATTENTION: Owner Occupied Housing Rehabilitation Program			
Date				

#### REQUEST FOR VERIFICATION OF MORTGAGE

#### DATE OF THIS REQUEST \_\_\_\_\_

APPLICANT'S NAME, ADDRE	SS, ZIP CODE	MORTGAGEE'S NAME, ADDRESS, ZIP CODE				
		ACCOUNT NO				
AUTHORIZATION BY APPLIC	ANT	NOTE TO MORTGAGEE/NOTE HOLDER				
I authorize the mortgagee regarding the mortgage identifie	d above.	The applicant identified herein has applied for a home improvement loan. The applicant has authorized PCD to obtain verification of the status of existing mortgages on the property from any source named in the application. The requested information in this verification of mortgage is for the confidential use of this Department. Please				
Date		furnish the information requested, and return in the self- addressed envelope provided.				
	MORTGAG	SE DATA				
Date of Mortgage	Date of Maturity	Type of Mortgage:				
Original Mortgage Amount	Present Balance	☐ CONVENTIONAL ☐ FHA				
\$	\$	☐ CONTRACT OF SALE ☐ VA				
PAYMENTS .		Are payments current?				
Principal and Interest Mortgage Insurance Premium Real Estate Taxes Property Insurance TOTAL MONTHLY MORTGAGE	\$ \$ \$ \$	☐ YES ☐ NO  If not current, amount in arrears \$  Number of payments in arrears				
REMARKS		State the amount of termination fee or prepayment penalty payable upon full repayment of the loan.				
		<u>\$</u>				
Signature of Mortgagee		Has this account been satisfactory?  The No. 100 No. 1				
Signature						
Title		RETURN TO:  CITY OF SAN ANTONIO  PLANNING AND COMMUNITY DEVELOPMENT DEPT.  1400 SOUTH FLORES #2  SAN ANTONIO, TEXAS 78204				
		ATTENTION: Owner Occupied Housing Rehabilitation Program				